

ANNALS OF SURGERY.

UNILATERAL HYPERTROPHY OF THE GUMS, AS- SOCIATED WITH OTHER ABNORMALITIES, CHIEFLY HYPERTROPHIC AND UNILATERAL.

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ROSANNAH ALLINGTON, æt. 12, from Isleham, a rather pale, but healthy, well-made, intelligent girl, was admitted into Addenbrooke's Hospital in January, 1885, with great hypertrophy of the gums on the left side of the upper jaw, both internal and external to the teeth, but more particularly on the outer side, where was formed a coarsely lobulated mass, bulging the cheek and protruding between the lips. It affected the whole length of the gum as far forward as the left middle incisor tooth and extended as high as the reflection of the mucous membrane over the cheek, on the one side, and over the hard palate a little beyond the middle line on the other. It was about the usual consistence of gum, except at the fore part where it was softer, and resembled ordinary venous nævus. It projected between, and partially covered the teeth so that one bicuspid and one molar only could be seen.

On the right side, above, were two molars, two bicuspids, one canine and two incisors. The incisors were pressed towards the right by the abnormal growth.

In other respects these teeth and the gums were natural. In the lower jaw there were, on the right side, two molars, one bicuspid, two

incisors; on the left side two molars, one bicuspid, one canine and two incisors. The gums on the left side, below, were rather thicker than those on the right, and a hypertrophied prolongation from behind extended over the crowns of the left molars.

There was no difference in size between the corresponding teeth on the two sides, above or below, and no discoverable difference between the bones on the two sides of the face or head.

The left tonsil and side of the soft palate were somewhat larger than the right. The upper and lower lips, on the left side, protruded and somewhat everted by the growth over which they could not be closed, were rather thick and coarse.



FIG 1.—CASE OF UNILATERAL HYPERTROPHY OF GUMS.

This was the case also with the skin of the alæ of the nostrils, especially of the left, causing a slight deviation of the septum to the right. The hair on the head was thick and rather coarse. The vibrissæ in both nostrils were long. The left eyelids were somewhat larger, and the eyelashes decidedly larger and thicker than the right, though there was no increase in their number. The fold of skin above the left eyelid was larger than on the right side, which caused slight drooping of the lid.

The hairs of the eyebrow on the left side, were coarser, more numerous and extended more nearly to the median line than on the right, but there was no apparent difference between the eyes. The pinna of the

left ear was a quarter of an inch larger and a little thicker than that of the right.

This was most marked in the helix and the tragus. The hair of the scalp came down rather lower in front of the ear on the left side. The whole of the skin of the face was rather fuller on the left side than on the right, and was rather more covered with hair. The papillæ on the left side of the tongue were rather larger than those on the right.

The second digit on the left foot terminated in a soft, bulbous extremity of skin covering a cushion of fat; without trace of nail, and without apparently any terminal phalanx; it was a little shorter than the corresponding toe on the right foot. The right thumb ended in a similar soft bulb, but there was here a rudimentary nail in the form of a short, hard flake of epithelium, and the ungual phalanx could be felt.

There was a small (a quarter of an inch in diameter) brown mole on the palmar aspect of the right thumb, over the distal end of the metacarpal bone, and another over the carpal end; and on the instep of the left foot was a third mole, flat and of about the size of a farthing. All these moles were hairless.

On January 16th, having drawn the middle incisor tooth and made an incision through the cheek, I removed freely with a saw the whole of the left alveolar border, including a portion of the hard palate and the teeth, and cleared away with a Volkmann's spoon the hypertrophied mucosa which extended upon the right side of the hard palate, thus completely taking away the diseased structure from the upper jaw. There was a good deal of hæmorrhage, which was checked, partly by ligature and partly by cautery.

The child was very faint, but soon recovered. The wound healed quickly and she was discharged on February 7th.

October 3d, 1885. She came to the hospital that I might see her. There was no return whatever of the disease in the upper jaw, but the hypertrophy of the gums on the left side of the lower jaw had rather increased.

Her mother, who has a double upper lip (on both sides) but who is in other respects well-formed and is a very healthy woman, states that the upper gums in the child on the left side were observed to be larger at, or soon after, birth.

She attributes the condition to the fact of a mouse having sprung out of a flour bin which she was opening, and startled her when she was in an early stage of pregnancy with the child. Her belief, therefore, is that the affection is congenital.

The swelling had increased out of proportion to the growth of the

child, laterally more especially, and had produced so much deformity and inconvenience that she wished it to be removed.

The following microscopical report was made by my assistant, Mr. A. Francis, who also wrote the details of the case from which the foregoing has been chiefly taken.

The part of the growth at the posterior alveolar edge consisted of coarse trabeculæ of fibrous tissue, running in various directions, with staff-shaped nuclei here and there, indicating the position of the connective tissue corpuscles.

The deeper part of the growth was very dense with a slight amount of vascularity. The superficial part was more vascular, of looser texture, and with more numerous connective tissue corpuscles. The growth was covered by very hypertrophied, simple and branched papillæ, rather vascular and cellular. Epithelium not excessive: there was a well-marked stratum lucidum on the surface, which was smooth. The texture of the palatine growth was looser, with smaller trabeculæ, and was more vascular with abundant fat-cells, blood-vessels, and connective tissue corpuscles, but with less marked hypertrophy of superficial papillæ.

The following are abstracts of the accounts of ten cases of this disease, which I have found recorded:

(1.) GROSS. *System of Surgery*. Sixth edition. Vol. II. P. 431.

Lad, æt. 10, stunted development, ill-shaped head, large abdomen, feeble intellect. Gums of both jaws largely affected. Removal by scalpels and scaling instruments, several times repeated. Growing again four years afterwards.

(2.) POLLOCK'S case. *Holmes' System of Surgery*. Third edition. Vol. 2, p. 457.

Girl, æt. 8. Epileptic. One tooth cut two weeks after birth and six within five weeks. Gums thin, face thick and puffy. Unusual quantity of hair from birth on head, arms and legs. When aged 2, the gums were cauterized and temporary teeth extracted. Gums of both jaws appeared largely protruding from the mouth, and alveolar processes expanded and prolonged. Portions of projecting mass cut away with scalpels and bone-nippers, repeated as the patient could bear it, till alveolar borders were curtailed within moderate limits. Some tendency to return subsequently, but Mr. Salter (*Dental Pathology and Surgery*, p. 195) says that after a few months it grew no more. A fibrous mass with enormously long papillæ and very thick epithelium.

(3.) ERICHSEN. *Heath's Diseases of Jaws*. Third edition. P. 127.

Girl, æt. 2½. Incisor gums of both jaws and teeth hypertrophied,

began at 7 months. Exuberant growth removed and teeth extracted. A fibrous mass with enlarged papillæ and thick epithelium. Disease progressed, and when seen by Dr. Murray (*Medical and Surgical Transactions*. Vol. 6, p. 138) æt. 7, affected the gums everywhere. Soft, flattened tumors in skin of forehead, nose, axillæ, and arms, legs, and feet. Elevations, like smooth warts, on back, and sides of neck. Hypertrophied, nodular conditions of ends of fingers (except left forefinger) and thumbs of both hands and of third and fourth toes of both feet. Nails also large and furrowed. The right forefinger less affected than the others, Ecchymosed appearance over scapulæ, buttocks and backs of thighs. Small exostosis on each tibia. Deaf, but intelligent and in good health. The peculiar condition of fingers and neck not noticed till she was two years old, the tumors on head a year afterwards, fresh ones appearing at various periods.

Microscopical examination showed the tumors to belong to the connective tissue group, developing into fibrous tissue and cartilage.

(4.) Dr. MURRAY (*loc. cit.*) Brother of No. 3, æt. 3 years, 9 months. Had gums like No. 3, but affected to a greater extent; observed when 3 months old.

Tonsils enlarged and deep cervical glands. Bottle nose with bluish discoloration. Patches of thick, glistening skin on cheek, eyelid and neck. End of right middle forefinger enlarged and hard. Noticed recently. Small warty growth on dorsum of finger. In good health, but sullen, stubborn, and rarely makes attempts to speak.

(5.) Dr. MURRAY (*loc. cit.*). Sister of 3 and 4, æt. 2. Swelling of gums, and warty patch on skin at back of neck, observed when 2 months old, increasing; and skin at back of ear and, more recently, at junction of nose and left cheek, had become the seat of growth. Slight rachitis, but otherwise good health, and intelligent. Mr. Jonathan Hutchinson, Dr. Robert Liveing, and Dr. Tilbury Fox examined these three patients and argued that their affections ought to be placed in the family group of molluscum fibrosum.

The three children were born under unfavorable hygienic conditions, the eldest boy born under more favorable conditions, though from infancy living with the rest of the family, quite healthy. The fifth child, an infant, born in another and better house, was healthy, but with nævi materni on sides of face.

(6.) MACGILLIVRAY (*Australian Medical Journal*. August, 1885. P. 240). Woman, æt. 29. Two teeth appeared at 12 months, no other after that. The affection was in both jaws from birth, mainly from the palatal portion of the gums. At æt. 10, parts of gums cut

away above and below, and nine teeth extracted at nine operations. Severe hæmorrhage, checked by cautery. Hypertrophied gums, and alveolar processes which were enlarged in fore part of lower jaw removed with success, nine operations being required. Disease consisted of increased development of gums and papillæ.

(7.) HEATH (*Injuries and Diseases of the Jaws*. Third edition. P. 230). Girl, æt. $4\frac{1}{2}$. Hypertrophy of gums equal in both jaws, began two years ago by the side of the temporary molars which were just coming through. Epileptic with good health, one of five children. Others healthy. Hypertrophied gums and alveolar margins removed successfully,

(8.) HEATH (*loc. cit.*, p. 231); Man, æt. 26, affection of right side of lower jaw from early childhood. Removed with affected alveolus.

(9.) WATERMAN. *Boston Medical and Surgical Journal*. April 8, 1869. Female, æt. 27, of average mental capacity, never good health. Affection said not to have been congenital, but commenced early in life. Repeatedly had abscesses and gum-boils, gums of both jaws hypertrophied, chiefly in front, involving and overhanging the palate. Teeth had been extracted at various times. Twenty-six teeth extracted, and parts of gums overhanging palate removed. Six months after whole of outgrowth removed and dental border of superior maxilla sawn off. Under microscope a purely fibrous growth.

(10.) WATERMAN adds to preceding account. "A very remarkable specimen of this disease presented itself in the person of a female of feeble intellect covered with a remarkable hairy growth, who was exhibited by a showman in this city (Boston) ten years ago under the name of the Bear Woman. The hypertrophy of the gums was greater than in the recorded case."

(It will be observed that nine of the eleven, including my own, above recorded cases were females.)

The disease appears to be a simple, but spreading hypertrophy of the gum-tissue, differing therefore from epulis, which is an affection of a similar kind of the fibrous tissue of the alveolar processes and tooth sockets. It is congenital, or commences in very early life, perhaps at the time of the cutting of the first teeth.

It commonly involves the entire gums of both jaws, on both the buccal and the palatal sides; in No. 6 it was most marked on the palatal side, but it usually attains the maximum near the opening of the mouth where the restraining influence of

external pressure is least. In No. 2 and also in No. 6 the alveolar processes are said to have been involved in the disease; and in No. 3 the teeth also are stated to have been hypertrophied, which is not mentioned to have occurred in any of the other cases. Complete removal by knife or cautery is required, and to do this effectually it is commonly necessary to take away more or less of the alveolar processes with bone forceps or saw.

In its general pathological character, as a congenital, local and spreading hypertrophy, it is allied to nævus, and some moles; but an additional curious and interesting feature is the frequency of its association with certain other abnormal conditions. Nos. 1, 4 and 10 were of feeble intellect, No. 1 being also stunted, with ill-shaped head and large abdomen. Nos. 2 and 7 were epileptic. No. 3 was deaf. No. 5 was slightly rachitic with warty patches on skin of head and neck. In Nos. 2 and 10, and the case I have given, there was unusual development—a hypertrophic condition—of the hair on the head, and in No. 2 on the arms and legs also. And in Nos. 3 and 4 there was a hypertrophied nodular condition of the ends of the fingers and various abnormalities of the skin and subcutaneous tissue.

My case is further remarkable in that it was unilateral, affecting the gums of the left side of the upper jaw much, and of the lower jaw slightly, and was associated with hyperdevelopment on the same side of the soft palate, tonsil, lips, alæ nasi, eyelids, pinna of the ear and of hair of the head, eyebrow and eyelids, and of the left side of the face generally; also of the papillæ of the tongue on the left side. Although the hypertrophies on the head and face were thus, with the exception of some enlargement of the right ala nasi, confined to the left side, the abnormalities of the digits which were of the nature of deficiency or atrophy, rather than of excess, and the moles were shared by the extremities of both sides.

NOTE.—Billroth, *Clinical Surgery*, New Sydenham Society, p. 53, mentions a case of unilateral congenital hypertrophy of the mucous membrane of the cheek and the upper surface of the tongue, combined with cavernous lymphangiectasis in a lad æt. 10. Dr. Friedrich, *Virchow's Archiv*, XXVIII, 474, gives a case of congenital unilateral hypertrophy of the head (right side) in a young woman. The right side of the tongue was larger than the left, and with coarser papillæ; and there was greater

growth of hair on that side. In the *Journal of Anatomy and Physiology*, IV, 1868, 226, I gave a short account of asymmetry in a young woman, the entire right side (head, trunk, tongue, palate and limbs) being larger than the left; and Dr. Isambard Owen showed me the other day a similar condition in a young woman under his care in St. George's Hospital; See *Lancet*, Oct. 31, 1885, p. 808, where report of this case is given. The *Archives Générales de Médecine*, 1869, 11, 536, contains a paper on unilateral hypertrophy of the body, partial or total, in which twelve cases (seven in males, five in females) are collected. They include Friedrich's case above mentioned, but not that published by me in 1868.

REMARKS ON EXCISION OF THE HIP.¹

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AN apology is perhaps due to the society for again bringing up so well-worn a subject as excision of the hip. But, as it is one upon which surgical opinion is far from unanimous, its consideration must be always in order until the value of the operation is better settled than it yet is. The more recent views concerning tubercle and the rise of antiseptic surgery have stimulated the resort to excision in hip disease. Aseptic methods have now been long enough employed for considerable experience to have been accumulated as to their effect upon the ultimate results of the operation. This paper is the outcome of an attempt to ascertain from the periodical literature of the last six or seven years what this experience has been, and whether any conclusions could be drawn from it regarding the indications for resection in hip disease. Although tolerably familiar with the difficulties of the question, I confess I was somewhat surprised at the scantiness of the material which came to hand that was valuable for exact comparisons.

The grounds upon which resection of the hip is urged as preferable to non-interference are usually three:

1. That it directly saves life.

¹ Read before the New York Surgical Society, November 10, 1885.